

## Suffolk County Department of Social Services FCSA Child Care Bureau Absent Parent Information Form

Applicant/Recipient Name:		Case #:	(if applicable)
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(Complete <u>only</u> if there is a parent who is NOT in the household. Fill out a separate section for EACH parent that is missing from the household. Attach additional sheets if needed.)

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Absent Parent's Name	Absent Parent's Name		
Soc Sec # Date of birth	Soc Sec # Date of birth		
Address:	Address:		
Phone Number: ( )	Phone Number: ( )		
Name(s) of Child(ren):	Name(s) of Child(ren):		
Employer's Name:	Employer's Name:		
Employer's Address:	Employer's Address:		
Work Schedule (enter usual hours worked each day):	Work Schedule (enter usual hours worked each day):		
Mon; Tue; Wed;	Mon; Tue; Wed;		
Thu ; Fri	Thu ; Fri		
Sat; Sun	Sat; Sun		
Does absent parent have visitation with child(ren)?	Does absent parent have visitation with child(ren)?		
If Yes, When?	If Yes, When?		
Does absent parent pay child support:Yes;No	Does absent parent pay child support:Yes;No		
• If No, why not?	• If No, why not?		
If Yes, complete the following:	If Yes, complete the following:		
Voluntary?By Court Order? (Attach copy)	Voluntary?By Court Order? (Attach copy)		
Total Support Amount: \$	Total Support Amount: \$		
Frequency:Weekly,Biweekly,Monthly	Frequency:Weekly,Biweekly,Monthly		
Support towards <u>Child Care</u> (if specified in court order):	Support towards Child Care (if specified in court order):		
\$	\$		